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IAP01Rec'd PCT 10 SEP 2010

Docket No. 0424/75632/JPW/GC

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Omry Ben-Ezra et al.

Serial No. : 10/560,654

Examiner: J. Dietrich

Filed : May 1, 2006

Group Art Unit: 3762

For : VAGAL STIMULATION FOR ANTI-EMBOLIC THERAPY

Mail Stop Amendment  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Date: September 7, 2010

Sir:

Transmitted herewith is an amendment to the above-identified application.

  X   Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

       A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

       No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend-ment	Highest Number Previously Paid For <sup>1</sup>	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	24 -	* 50 =	*** 0 X	\$26	\$52	=	0.00	
Indepen- -dent Claims	4 -	** 3 =	*** 1 X	\$110	\$220	=	110.00	
Multiple Dependent Claim(s) Presented For First Time <u>      </u> Yes <u>  X  </u> No				\$195	\$390	=	0.00	
				TOTAL ADDITIONAL FEE			\$ 110.00	

- <sup>1</sup> The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.  
\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.  
\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.  
\*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

09/10/2010 LLANDGRA 00000029 10560654

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110.00 OP

Amendment Transmittal Letter  
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The following are also enclosed:

One additional copy of this Amendment Transmittal Letter

X    Return Receipt Postcard

\_\_\_\_\_ An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes                      No

and a fee of \$                      included)

\_\_\_\_\_ A Petition for an Extension of Time, including a fee of  
\$\_\_\_\_\_ for a Petition for \_\_\_\_\_ Month(s) Extension of Time

Other (identify): \_\_\_\_\_

THE TOTAL FEE DUE IS \$ 110.00

X A check in the amount of \$ 110.00 is enclosed.

\_\_\_\_\_ Please charge Deposit Account No. \_\_\_\_\_ in the amount of  
\$ \_\_\_\_\_.

X The Commissioner is hereby authorized to charge any additional fees required or credit any overpayment to Deposit Account No. 03-3125 as follows:

X	Fees under 37 C.F.R. §1.16 for the presentation of extra claims
	Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,

John F. White

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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:  
Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450.

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